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LAZARUS CORPORATE FILING SERVICE, INC.

(Requestor's Name)

3320 S.W. 87th AVENUE

(Address)

MIAMI, FLORIDA (305)552-5973

(City, State, Zip) (Phone #)

LOCAL REPRESENTATIVE TALLAHASSEE

400002751444--3

-01/22/99--01065--020

*****236.25 *****78.75

OFFICE USE ONLY

CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):

1. TRUE CARE MEDICAL, INC.
(Corporation Name) (Document #)

2. _____
(Corporation Name) (Document #)

3. _____
(Corporation Name) (Document #)

4. _____
(Corporation Name) (Document #)

☒ Walk in

☒ Pick up time 2:00

☒ Certified Copy

☐ Mail out

☐ Will wait

☐ Photocopy

☐ Certificate of Status

NEW FILINGS	
☒	Profit
☐	NonProfit
☐	Limited Liability
☐	Domestication
☐	Other

AMENDMENTS	
☐	Amendment
☐	Resignation of R.A., Officer/Director
☐	Change of Registered Agent
☐	Dissolution/Withdrawal
☐	Merger

OTHER FILINGS	
☐	Annual Report
☐	Fictitious Name
☐	Name Reservation

REGISTRATION/ QUALIFICATION	
☐	Foreign
☐	Limited Partnership
☐	Reinstatement
☐	Trademark
☐	Other

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

FILED

Examiner's Initials

TRANSMITTAL LETTER

**Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314**

SUBJECT: TRUE CARE MEDICAL, INC.

Enclosed is an original one (1) copy of the articles of incorporation and check for:

_____ \$70.00
Filing Fee

 X \$78.75
Filing Fee &
Certificate

_____ \$122.50
Filing Fee &
Certified Copy

_____ \$131.25
Filing Fee &
Certified Copy &
Certificate

RETURN TO:

**ABY PARALEGAL, INC
13780 S.W. 56TH ST #100
MIAMI, FL 33175
305-388-5050**

ARTICLES OF INCORPORATION

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be:
TRUE CARE MEDICAL INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:
**2075 S.W. 27 AVENUE
MIAMI, FL 33145**

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

1000 SHARES AT NO PAR VALUE

ARTICLE IV INITIAL REGISTERED AGENT AND ADDRESS

The name of the initial regised agent is :

**OPHELIA TUYA
15325 S.W. 73 TERRACE CIRCLE
MIAMI, FL 33193**

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TALLAHASSEE FLORIDA

ARTICLE V INCORPORATOR(S)

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):

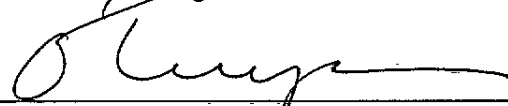
**PRESIDENT
ILDELISA TORRES
4620 S.W. 89 AVENUE
MIAMI, FL 33165**

**VICE-PRESIDENT
OPHELIA TUYA
15325 S.W. 73 TERRACE CIRCLE
MIAMI, FL 33193**

The undersigned incorporator(s) has(have) executed these Articles of Incorporation
this 8th Day of January 1999.



Signature



Signature

**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 607.0501 OR 617.0501, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

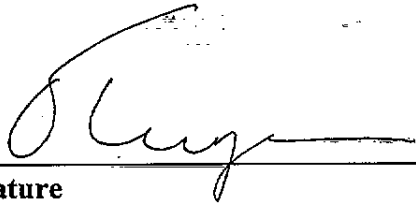
1. The name of the corporation is:

TRUE CARE MEDICAL, INC.

2. The name and address of the registered agent and office is:

**OPHELIA TUYA
15325 S.W. 73 TERRACE CIRCLE
MIAMI, FL 33193**

Signature



15325 SW 73 Terr Cr.
MIAMI FL 33193

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